



## Work Experience Verification Form Supplemental Documentation

I am applying for the ADN to MSN program with University of Colorado Colorado Springs. I must prove I have worked 5000 hours as a registered nurse.

### To be completed by the applicant:

Name	Signature
Complete Address	Phone Number & Email

The above applicant is applying to the ADN to MSN Program at the University of Colorado Colorado Springs (UCCS).

He/She is requesting \_\_\_\_\_ (Name of Hospital/Agency) to furnish UCCS with the following information.

### To be completed by the employer:

The above named person was employed by:

Name of Hospital/Agency	Date of Employment From: _____ To: _____	Email for Point of Contact:
Employment was (circle one) Full Time Part Time	For a total of how many hours?	Position or Title
Description of Job Duties:		

**By completing this form for the applicant you are verifying the above to be true and accurate:**

Name/Title	Signature	Date
Hospital/Agency	Complete Address	Phone

**Please Upload To Application Portal**